Summary of Verification – Free and Reduced-Price School Meal Applications

The verification process must be completed by **November 15, 2011** and returned to School Nutrition Programs by **December 15, 2011**
Please see Verification Instructions for further details

School District_____Agreement Number___ ___ - ___ ___ ___ ___

Number of Sites Operating the Lunch Program_____   Enrollment _____

<u>Check One</u>   Public School _____   Private School _____   RCCI with day students _____

Eligibility Information

*Report the number of <u>**applications**</u> and <u>**students**</u> approved for each eligibility type as of **October 1, 2011**	**# Students**	**# Applications**
1. Total Free Eligible Students (1.a. + 1.b. + 1.c.)		
a. Students approved as Free Eligible who are <u>not</u> subject to verification such as **directly certified students** from *SNAP/Food Stamp reports & DPHHS letters*, homeless, migrant, runaway or administrative		
b. Number approved as Free Categorically Eligible based <u>**only**</u> on **case number** submitted on **application** (SNAP, TANF, FDPIR or Foster Care). Do *not include* directly certified students found on SNAP report/ DPHHS letters		
c. Number approved as Free Eligible based on income/household size information submitted on an application		
2. Total Reduced-Price Eligible		
3. Total <u>***applications***</u> eligible for verification: **(1.b + 1.c. + 2)** =		

Type of Verification Sampling: *LEAs with less than 80% response rate during the previous year **must use** error-prone; LEAs with greater than 80% response rate during the previous year **may use** random or focused.*

☐ **Random:** Use the number in 3 above: _____ x 0.03 = _____ (round all decimals up). Select applications randomly.

☐ **Error Prone:** Use the number in 3 above: _____ x 0.03 = _____ (round all decimals up). Select from error-prone applications (those within $100/month of the income eligibility guidelines).

☐ **Focused:** For applications based on income, add numbers 1c and 2 above _____ x 0.01 = _____. Select from applications within $100/month of the income eligibility guidelines. For applications based on case numbers, use the number in 1b above_____ x 0.005 = _____. Select from applications with case numbers.

☐ **None:** Your Local Educational Agency (LEA) is exempt from verification.

Household Results of Applications Verified

*Report the number of <u>**applications**</u> and <u>**students**</u> verified by category type.* ***Do not*** *verify students listed in 1a.*		**Free Categorically Eligible** based on SNAP, TANF, or FDPIR case number	**Free Eligible** based on income	**Reduced-Price Eligible**
4. Responded and No Change	# Applications			
	# Students			
5. Responded and Changed to Free	# Applications			
	# Students			
6. Responded and Changed to Reduced	# Applications			
	# Students			
7. Responded and Changed to Paid	# Applications			
	# Students			
8. Did Not Respond, Changed to Paid	# Applications			
	# Students			

_____   _____
   Signature of School District Official   Date Completed (by November 15)